

Case Number:	CM14-0184598		
Date Assigned:	11/12/2014	Date of Injury:	11/05/2012
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 50 year old female who was injured on 11/5/2012. She was diagnosed with right hand/wrist arthritis and later bilateral carpal tunnel syndrome. She was treated with NSAIDs and other medications, occupational and physical therapy, cortisone injection, ganglion block, acupuncture, casting, and restricted activity. She was also treated with right carpal tunnel release. She later was diagnosed with reflex sympathetic dystrophy, as she continued to complain of chronic pain. On 7/24/14, she was seen by her pain specialists for a re-evaluation reporting the most recent ganglion block being helpful for her upper back, neck, and shoulder pain, but only short-term. She reported stiffness in her right hand with the inability to make a fist or open her right hand fully. She rated her overall pain at 6-9/10 on the pain scale. Physical findings included tenderness of the upper back and posterior cervical musculature on the right and the right hand is weak and has restricted range of motion with positive Tinel sign on right cubital tunnel area. She was then recommended ketamine infusion and topical ketamine as well as another ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

5-day Ketamine Infusion Protocol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine
Page(s): 56.

Decision rationale: The MTUS Chronic Pain Guidelines state that ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Ketamine used for infusion for chronic pain is still under study and is also not recommended until more high quality evidence is shown to support its general use. In the case of this worker, she was recommended ketamine infusion, which is not recommended by guidelines and will be considered medically unnecessary based on the available evidence, which is limited.